

NIST-1262  
(REV. 9-97)  
DAO 203-26U.S. DEPARTMENT OF COMMERCE  
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

(FOR ATP USE ONLY)

**SINGLE COMPANY ADVANCED TECHNOLOGY PROGRAM  
(ATP) PROPOSAL COVER SHEET**  
(CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.612)

Public reporting burden for this collection of information is estimated to average thirty (30) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, Administration Building, Room A336, Gaithersburg, Maryland 20899-0001.

1. COMPETITION NUMBER	2. TECHNOLOGY AREA CODE	3. PROJECT DURATION YEARS MONTHS
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4. OTHER ATP SUBMISSIONS LIST PROPOSAL NUMBER(S) OF SUBSTANTIALLY OVERLAPPING PROPOSAL(S) PREVIOUSLY SUBMITTED	IF SUBMITTING A CONCURRENT SUBSTANTIALLY OVERLAPPING PROPOSAL TO ANOTHER CURRENT OR PENDING ATP COMPETITION, LIST COMPETITION NUMBER(S)
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5. LEGAL NAME AND ADDRESS OF SUBMITTING ORGANIZATION	6. DUN AND BRADSTREET NUMBER
	7. TYPE OF ORGANIZATION (CHECK ALL THAT APPLY) <input type="checkbox"/> PROFIT - SMALL BUSINESS <input type="checkbox"/> PROFIT - MEDIUM SIZE BUSINESS <input type="checkbox"/> PROFIT - LARGE BUSINESS <input type="checkbox"/> FOREIGN-OWNED U.S. SUBSIDIARY
	8. EMPLOYER IDENTIFICATION NUMBER (EIN)

9. NAME OF PRINCIPAL INVESTIGATOR AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)          TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	10. NAME OF GRANT/CONTRACT MANAGER AT SUBMITTING ORGANIZATION (Address required, if different than Item 5)          TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
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11. SOURCES OF FUNDS	YEAR ONE	YEAR TWO	YEAR THREE	TOTAL
A. ATP (DIRECT COSTS ONLY)	\$	\$	\$	\$
B. PROPOSER	\$	\$	\$	\$
C. TOTAL (A + B)	\$	\$	\$	\$

12. PROPOSAL TITLE

13. NON-PROPRIETARY PROPOSAL ABSTRACT

14. CERTIFICATION: BY SIGNING THIS PROPOSAL COVER SHEET, I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL INFORMATION IN THIS PROPOSAL IS TRUE AND CORRECT AND THAT:

- A. THIS PROPOSAL IS NOT REQUESTING FUNDING FOR EXISTING OR PLANNED RESEARCH PROGRAMS THAT WOULD BE CONDUCTED IN THE SAME TIME PERIOD IN THE ABSENCE OF FINANCIAL ASSISTANCE UNDER THE ATP.
- B. ALL INDIRECT COSTS PROPOSED IN THIS PROPOSAL ARE INCLUDED UNDER THE PROPOSER'S COST SHARE AND NO INDIRECT COSTS ARE INCLUDED IN THE ATP SHARE OF COSTS REQUESTED.
- C. IF A LARGE BUSINESS, MATCHING FUNDS PROPOSED BY THE LARGE BUSINESS ARE AT LEAST 60 PERCENT OF EACH YEAR'S TOTAL COSTS.
- D. THE TOTAL VALUE OF ANY IN-KIND CONTRIBUTIONS DOES NOT EXCEED 30 PERCENT OF THE TOTAL SHARE OF MATCHING FUNDS.
- E. THE FOLLOWING QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED:
- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| i. IS THE COMPANY DELINQUENT ON ANY FEDERAL DEBT? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. WAS PROPOSAL OR VERY SIMILAR PROPOSAL SUBMITTED TO ANOTHER FEDERAL AGENCY? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. DOES THE COMPANY HAVE A PARENT COMPANY OUTSIDE THE UNITED STATES? (IF YES, IDENTIFY THE PARENT COMPANY AND ITS PLACE OF INCORPORATION IN ITEM 15, REMARKS.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. IS THE COMPANY MAJORITY OWNED BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| v. IS THE COMPANY SUBJECT TO CONTROL BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. DOES THE PROPOSED R&D INVOLVE THE USE OF HUMAN SUBJECTS AND/OR HUMAN TISSUE? (IF YES, EXPLAIN IN ITEM 15, REMARKS, AND INDICATE WHETHER OR NOT THE RESEARCH PLAN HAS BEEN REVIEWED AND APPROVED BY AN INTERNAL REVIEW BOARD (IRB).) | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. DOES THE PROPOSED R&D INVOLVE THE USE OF VERTEBRATE ANIMALS? (IF YES, EXPLAIN IN ITEM 15, REMARKS, AND INDICATE WHETHER OR NOT THE RESEARCH PLAN HAS BEEN REVIEWED AND APPROVED BY AN ANIMAL CARE AND USE COMMITTEE.)              | <input type="checkbox"/> | <input type="checkbox"/> |

15. REMARKS (CONTINUE ON A SEPARATE SHEET IF NECESSARY)

16. DESCRIBE WHAT EFFORTS WERE MADE, PRIOR TO APPLYING FOR ATP FUNDING, TO SECURE PRIVATE CAPITAL TO SUPPORT THIS PROJECT WHOLLY

17. AUTHORIZED COMPANY REPRESENTATIVE (TYPE NAME AND TITLE)

18. TELEPHONE NUMBER

19. SIGNATURE

20. DATE